



State of Tennessee  
Board of Architectural and Engineering Examiners  
Department of Commerce and Insurance  
500 James Robertson Parkway Nashville, TN 37243-1142  
1-800-256-5758 615-741-3221 615-532-9410 (Fax)

## APPLICATION TO ADD AN EXAM DISCIPLINE (PE)

**NOTE** — This application is to be used only by registered engineers wishing to take an examination in an additional discipline; it should not be used by applicants for registration by examination.

To sit for the Structural II Examination, you must already hold engineering registration either by passing the NCEES Principles and Practice of Civil Engineering Exam and/or the Structural I Exam.

**DEADLINE** — Request must be received in the Board office by August 1 for the October exam and January 1 for the April exam.

**STRUCTURAL II EXAM FEE — \$735    OTHER EXAM DISCIPLINES — \$245**

Type or print legibly

Full Name \_\_\_\_\_  
Last First Middle

Tennessee Registration No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Position \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_ Business \_\_\_\_\_ Residence

Emergency Contact (name and phone number): \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Name and Address of Institution	Attendance (From - To)	Date of Graduation	Major Course	Degree Received
_____				
_____				
_____				

# PROFESSIONAL ENGINEERING EXAMS

List all professional engineering exams that you have passed (exam discipline, state, year):

## EXPERIENCE

List each engagement in chronological order beginning with first engagement after initial registration. Provide detailed information of experience on engineering design projects to enable evaluation of your experience since registration. Attach additional sheets if necessary.

Dates of Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address of Supervisor

Examination Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

Discipline:

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Industrial
<input type="checkbox"/> Architectural	<input type="checkbox"/> Mechanical (mark depth module below)
<input type="checkbox"/> Chemical	<input type="checkbox"/> Metallurgical
<input type="checkbox"/> Civil (mark depth module below)	<input type="checkbox"/> Mining/Mineral
<input type="checkbox"/> Control Systems	<input type="checkbox"/> Naval Arch. /Marine
<input type="checkbox"/> Electrical & Comp.—Computer	<input type="checkbox"/> Nuclear
<input type="checkbox"/> Electrical & Comp.—Elec. and Electronics	<input type="checkbox"/> Petroleum
<input type="checkbox"/> Electrical & Comp.—Power	<input type="checkbox"/> Structural I
<input type="checkbox"/> Environmental	<input type="checkbox"/> Structural II
<input type="checkbox"/> Fire Protection	

Civil Depth Module:  
☐ Construction ☐ Geotechnical ☐ Structural ☐ Transportation ☐ Water Resources/Envir.

Mechanical Depth Module:  
☐ HVAC/Refrigeration   ☐ Mech. Systems/Materials   ☐ Thermal & Fluids Systems

Signature \_\_\_\_\_